

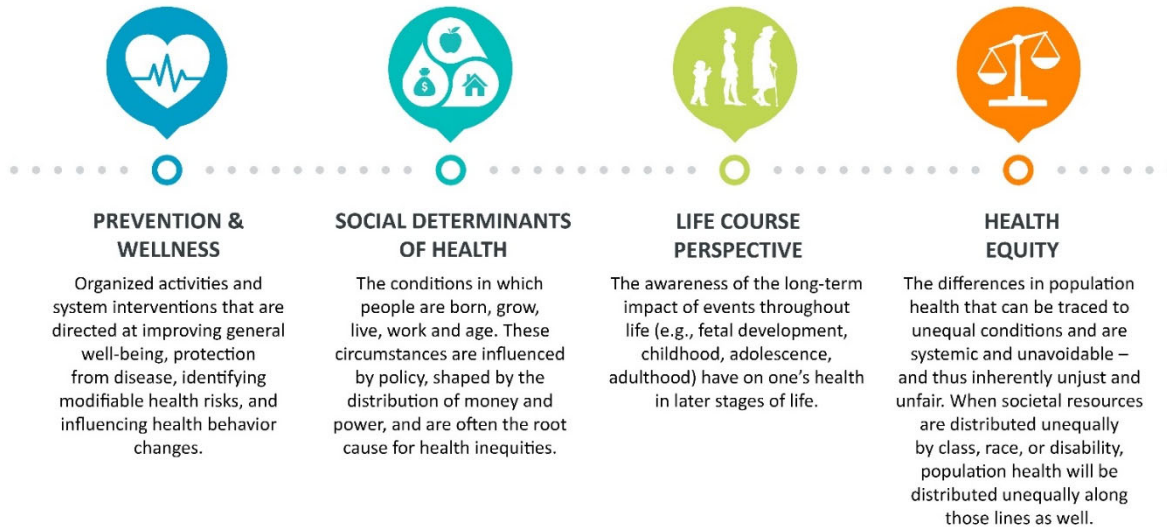
Vision & Commitment

The KS Title V program demonstrates strong commitment to coordinating and collaborating beyond mandated work such as reducing infant mortality and providing services to individuals with special health care needs. The state is committed to addressing the emerging and ongoing needs of all MCH populations and continuously focusing on quality improvement. This commitment drives development of integrated systems of care, assessment for community level MCH initiatives, family and consumer engagement, and service coordination through innovative approaches to ensure families receive the right support and services they need to thrive. There is increased focus on behavioral health as part of whole-person health and addressing the needs of MCH populations impacted by issues such as substance use, anxiety, and depression. Transforming systems to better serve individuals and families in our state means taking good ideas and scaling up, out, and deep through innovation and a commitment to using the right tools and data to measure what matters and make informed improvements, especially for the most vulnerable.

Title V recognizes and understands the connections between priorities across MCH population domains. Kansas' approach is supported by the tangible and intangible elements of collaboration, relationship building, and innovation. Four overarching themes have been identified as **guiding principles** that impact MCH work: collaboration, relationships, community norms, and consumer engagement. It is important to note that these guiding principles do not stand alone, yet build upon and complement each other, further exemplifying the collaborative approach.



The Title V Program depends on the following **core values** (prevention & wellness, social determinants of health, life course perspective, and health equity) when approaching all phases of work: planning, design, implementation, and ongoing assessment/monitoring/evaluation.



Title V goals are infused in, and supported by, the work of many programs, funding sources, resources, and shared infrastructure, particularly across the Bureau of Family Health (BFH). Data-driven decision making to improve outcomes and drive priority activities is at the core of the Kansas system. Activities are supported and made possible through strong leadership, a committed team, and epidemiology capacity.

Addressing MCH Population Needs Through Title V Leadership

KS Title V serves in a variety of leadership roles (e.g., convener/facilitator, collaborator, partner/funder) to address the needs of the MCH populations. Our vision and strategic approach have significantly contributed to building and sustaining relationships over the years, leading to growth and success, and have positioned the Title V program to face ongoing challenges and emerging issues.

- **Title V as a Convener:** Engaging stakeholders, providers, and consumers/families is essential to success. Title V facilitates the convening of stakeholders across service delivery systems that engage and interact with women, children, and families. Communication is critical to planning and addressing the needs of MCH populations. Title V staff provide administration and oversight of local MCH grantees programs, workforce development activities, and technical assistance.
- **Title V as a Collaborator:** A major focus of Title V and BFH policy and program initiatives is collaborative relationships. Commitment to collaboration is evident across engagement and participation in a variety of statewide initiatives in a collaborative role, to support alignment and integration of MCH practices, principles, and initiatives with related partners and programming and to ensure coordination of the health components of the MCH system. Collective impact is the framework.
- **Title V as a Partner:** Partnerships are essential to the delivery of high-quality MCH services and establishment of an equitable and competent system to address the needs of the population. Organizational partnerships support expanded capacity across communities and systems. All partnerships are

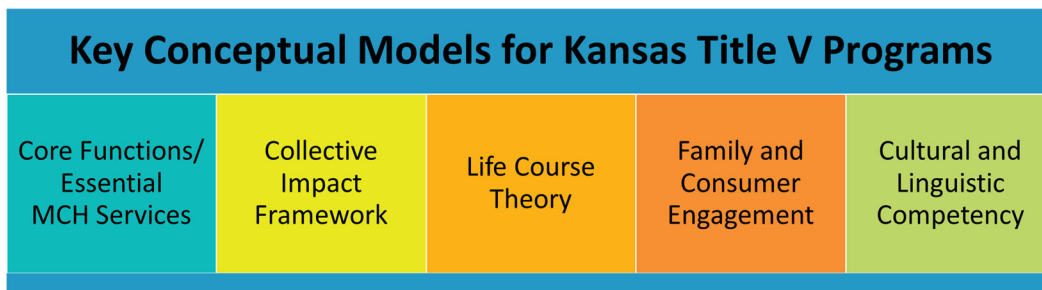
mutually beneficial. Some partnerships involve formal agreements and funding to address gaps and services.

The state Title V team provides expertise, gathers feedback, and makes connections to maximize the effectiveness of the overall system. Title V strategically partners with state-level organizations to target priorities and implement the action plan (as described in domain sections). Our partners support this approach and have proven time and again they stand ready to work on issues when called upon.

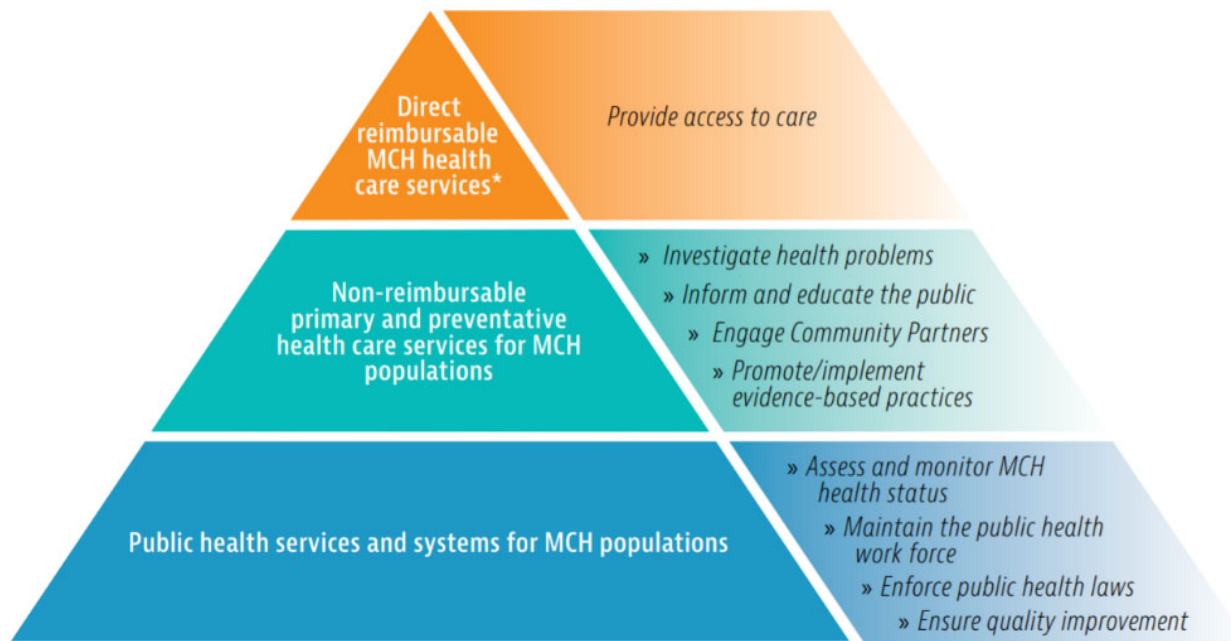
Title V is the leading vision for MCH in Kansas. MCH stakeholders have a successful history of working together, and Title V funding has been a catalyst for positive, innovative systems change. Title V continues to support initiatives targeted to populations across the life course with a focus on filling service gaps.

MCH Conceptual Models in Kansas

KS Title V applies the following **conceptual models** in our approach to addressing the priorities, needs, and challenges of target populations.



Core Public Health Functions/Essential MCH Services: Striving to assure everyone has the same opportunity to achieve optimal health and well-being, the Kansas Department of Health and Environment (KDHE) mission, “*To protect and improve the health and environment of all Kansans*” is directly aligned with the purpose of the [10 Essential Public Health Services](#) and core public health functions of assessment, policy development, and assurance. The essential services promote policies, systems, and community conditions. They were established to provide a framework for public health entities to follow that supports the breakdown and eradication of systemic and structural barriers that have resulted in health inequities (e.g., poverty, racism, discrimination). Kansas follows this framework and the MCH service delivery pyramid regarding the provision of direct health services, coordination of enabling services, and the infrastructure of public health services and systems.



* Payment for direct services not covered by public or private insurance

Image Credit: [MCH 2025 Title V Needs Assessment](#)

Collective Impact Framework: This framework is modeled throughout program development, implementation, and assessment activities to approach complex partnerships, collaboration efforts, or community support needs. Considering the focus on cross-system collaborative work, Title V has intentionally aligned five-year needs assessment processes and community collaboratives (e.g., [KS Perinatal Community Collaboratives](#)) with this framework to support significant and lasting social change. Title V leadership models the core belief that a one-size-fits-all solution/single policy/individual government entity/specific organization or program cannot meet the complex needs of the population alone. Rather, through coordination and collaboration across agencies and organizations, where each engaged partner agrees to a common agenda, shared measurement, and alignment of efforts, we can realize improvements to problems we face as a society.

Life Course Theory: Essential to approaching health and related services from a life course approach (e.g., integrated continuum, social and environmental “interplay,” across the life span) is a focus on four key concepts: timeline, timing, environment, and equity. Recognizing that what happens today influences one’s health in the future, critical periods of development and transitions across the life span set a trajectory for the life phase that follows (i.e., timing), community and environment affects one’s health (i.e., environment), and social determinants impact health just as much as genetic makeup or personal choice (i.e., equity). Kansas applies these concepts to MCH service delivery and promotes this framework among partners and grantees, encouraging them to address social determinants of health and create plans to reduce disparities across population groups and generations systemically and strategically.

Family & Consumer Engagement: There are many frameworks at the state and national levels that focus on engagement and partnership of families and consumers. Each offers various components that may be valuable to the work we do and support our efforts to engage and partner in different ways, including foundational principles, quality standards, engagement strategies, and evaluation/assessment approaches. The table below provides a crosswalk of the key content supporting the Title V vision for family and consumer partnership across five notable frameworks.

| Framework | Key Content |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Levels of Family Engagement in Title V | Levels of Engagement <i>Input, Advisory (Self), Advisory (System), Leadership Roles</i> |
| Kansas Family Engagement and Partnership Standards for Early Childhood | Guidance for Engagement <i>Families as...Foundation, Communicators, Advocates, Partners, Community Members</i> |
| Standards of Quality for Family Strengthening and Support | Quality Standards for Family Support <i>Family Centeredness, Family Strengthening, Embracing Diversity, Community Building, Evaluation</i> |
| A Framework for Understanding the Elements and Developing Interventions and Policies | Continuum of Family Engagement <i>Consultation, Involvement, Partnership and Shared Leadership</i> |
| A Framework for Assessing Family Engagement in Systems Change | Assessment Tools for Engagement at the Systems Level <i>Commitment, Transparency, Representation, Impact</i> |

Cultural & Linguistic Competency: Kansas believes that building relationships and partnerships with those we serve is essential to ensuring needs are met. Communication and interactions must be responsive to the individual experiences and perspectives (e.g., abilities, culture, education, race/ethnicity, gender, age, language and literacy, religious affiliation, sexual orientation, socioeconomic status, values). Decreasing health disparities and improving equitable access to services and care is possible when communities exhibit cultural (including linguistic) competence through intentional actions related to program design, delivery, and evaluation. Title V staff and partners receive support to engage in workforce development activities to build strong MCH leaders who apply knowledge and skills associated with this [MCH Leadership Competency](#). Kansas applies these beliefs and actions during ongoing organizational assessments, family/consumer engagement efforts, public health service delivery, and measurement and evaluation activities.

Title V Partnerships & Collaboration = Access & Delivery of Quality Services

Kansas Perinatal Community Collaboratives (KPCC): Title V has been working diligently with state and local partners since 2014 to strengthen and support the implementation of the [Kansas Perinatal Community Collaborative \(KPCC\)](#) model across the state. This model assures comprehensive and coordinated perinatal supports

through shared risks, resources, and rewards. The KPCC model builds a comprehensive, coordinated system that addresses perinatal health outcomes and facilitates access to health and social services for women, infants, and their families.

The model aims to achieve four goals:

- Develop a comprehensive, coordinated perinatal system that leads to improved women's health
- Improve the quality of services available to pregnant women and new mothers
- Develop a comprehensive, coordinated system that leads to improved infant and child health- including developmental screening and early intervention services with an emphasis on school readiness through integration of the Help Me Grow Model
- Develop a system of programs, services and partnerships that strengthen family resilience including engaging, educating, and empowering fathers

Bringing prenatal education and clinical prenatal care together to create a comprehensive program model helps communities leverage existing resources (e.g., staff, space, patients/clients, programmatic & educational materials, toolkits) and funding to serve a common set of perinatal clients. This highly successful model has proven that through collaboration and implementation of targeted interventions, improved maternal and child health outcomes can be achieved. The model and affiliated programming is targeted at communities with demonstrated birth outcome and infant mortality disparities, both racial/ethnic and socioeconomic. A centralized & coordinated collaboration for women's healthcare, providing services and supports across the state action plan. Those areas include:

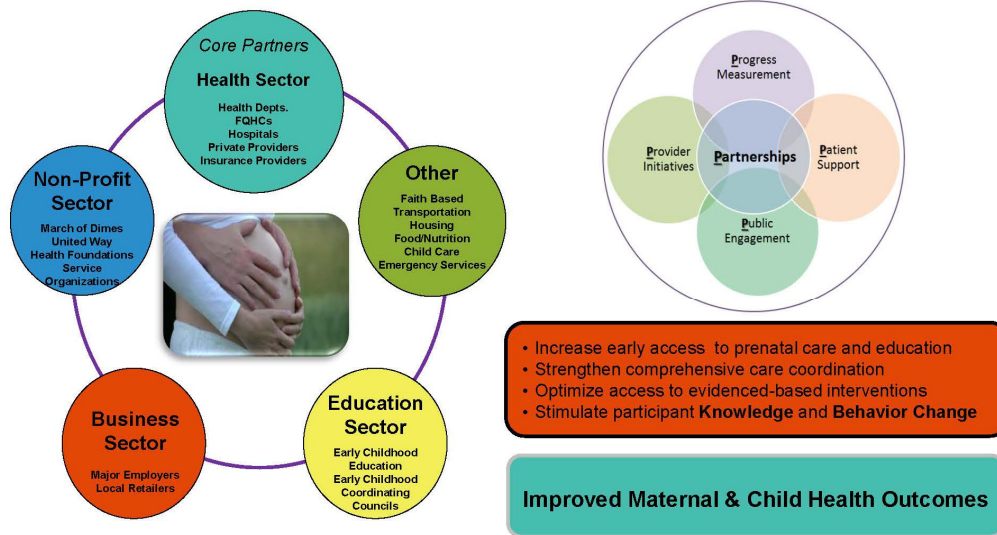
- Prenatal care and education
- Women's health in the interconception period, including well-woman visits
- Perinatal mood and anxiety disorder (PMADs) education and screening
- Promotion of Safe Sleep
- Education and support for breastfeeding

The KPCC model utilizes a [Collective Impact Framework](#) and the March of Dimes' "**5 P's**" approach, where partnerships and collaborations are key to success and improved outcomes. Through **partnerships** and **public engagement, public and provider education** creates awareness that increases **patient support** through implementation of evidence-based initiatives, leading to improved **progress measurement** around: access to care; comprehensive care coordination; knowledge and behavior change, which leads to improved maternal and child health outcomes.

Kansas Perinatal Community Collaborative Model

Collaborative Partnerships & Program Design

Perinatal Care + Perinatal Education + Perinatal Support



Following the release of the Kansas Blue Ribbon Panel on Infant Mortality recommendations in 2010, the March of Dimes (MOD) Greater Kansas Chapter developed a community collaborative model in partnership with KDHE that was designed to implement the Becoming a Mom/Comenzando bien® (BaM/Cb) basic prenatal education curriculum. This serves as the foundational prenatal education component of the collaborative model to ensure program fidelity across communities. Resources needed for statewide expansion with protections of program fidelity and a MOD trademark agreement have been developed and include:

- Supplemental prenatal education content;
- Guidance documents and training videos;
- Standardized program resources such as session slides/PowerPoints, lesson plans, activity plans and supplemental handouts;
- Promotional material templates; and
- A private website portal to provide direct access to these resources.

All supplements to the MOD curriculum have been translated to Spanish in partnership with the KU School of Medicine-Wichita Department of Pediatrics and a workgroup with representation from five Spanish dialects. These tools and resources have provided the mechanism for statewide expansion and support both growth and future sustainability. Local community sites interested in establishing this model are required to enter a memorandum of understanding with KDHE/Title V to gain access to training and programmatic resources. Title V has established referral and evaluation systems to support collaboration and outcome measurement among sites in partnership with the University of Kansas Center for Public Partnerships and Research. Shared measurement is made possible by [DAISEY](#).

KS Title V has invested extensive resources to position the state and communities for this model, with the primary goal to expand in both rural and urban communities and build capacity for existing collaborations. Driven by private and public partnerships at both state and local levels (e.g., Title V MCH, Medicaid, private foundations, local health departments, federally qualified health centers, clinical providers), this model supports permanent MCH infrastructure, leveraged and shared resources, changes in the prenatal care delivery system, a vehicle to identify community needs, a standardized evaluation and shared measurement system, and new opportunities for achieving community collective impact and improved birth outcomes. This can serve as the backbone for dissemination of targeted public health programming and affords communities with a successful vehicle for future sustainability. Standardization of screening, referral, education, and outcome measurement processes has been pivotal to Kansas expansion efforts. KPCC initiatives and activities are integrated strategically throughout in the State Action Plan Domain Narratives to reflect the reach and impacts this model has across the life course.

Local MCH Grantees: KDHE contracts with local public health departments (independent entities) and Federally Qualified Health Centers (FQHCs) across the state to ensure provision of MCH services within a coordinated, family-centered system. Funds allocated to external programs are through contracts for the use of funds in support of MCH priorities. Services are delivered in compliance with Title V legislation and in accordance with the [Kansas Health Services Manual](#). The manual provides background on the Title V MCH Block Grant legislation/authority, KS MCH program principles, and service guidance and offers a vast appendix of resources related to practice and national performance measures.

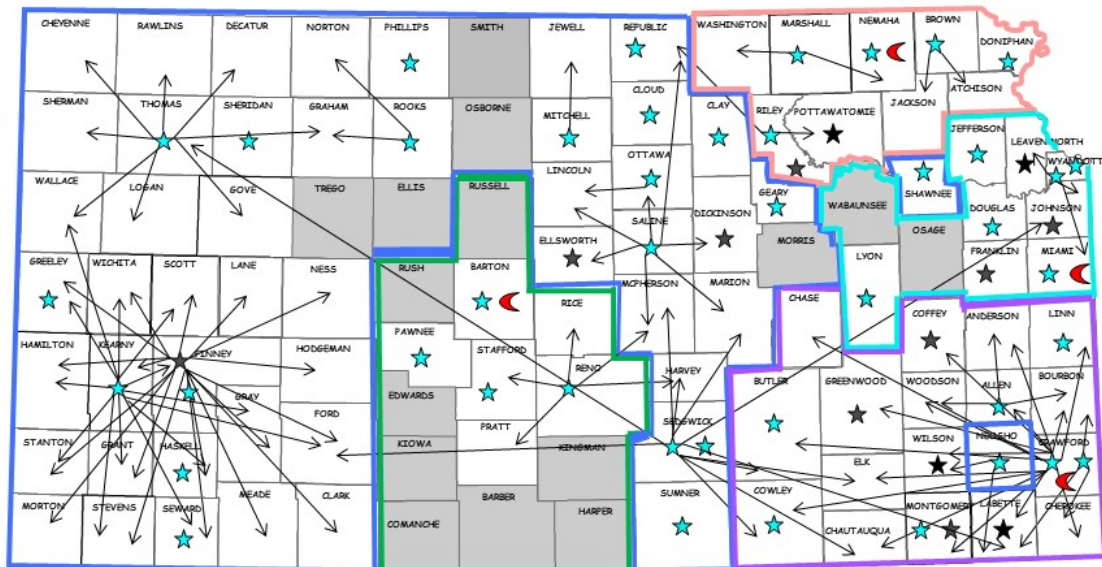
The process with local agencies begins with the development of Grant Application Guidance and Reporting Materials annually in December. Materials are available by mid-January to local agencies applying for Title V funding. Due to the pandemic, KDHE wanted to provide local agencies extra time to complete grant applications. The applications opened December 15 with a due date of March 15. The review process informs funding recommendations and involves external reviewers applying guidance and a scoring matrix, a funding formula based on poverty and population by county/target area, and willingness/ability to comply with grant requirements. Detailed client and service data is required to be collected, aggregate progress reports and affidavits of expenditures are required quarterly, and site visits are conducted to verify compliance with funding requirements and progress. More information about the MCH Aid to Local Program is available [online](#) through the KS Grant Management System site.

Title V contracts with local agencies statewide to provide MCH services across the population domains. Most local services funded by the Block Grant are delivered by local health departments and safety net clinics (independent entities). These agencies are positioned to provide core public health services in addition to MCH, so the delivery system has the advantages of convenience and comprehensive care. The services delivered by local agencies are designed to address ongoing needs and those identified

by the most recent needs assessment. Reach for these services can change from year to year based on local community needs and capacity. In May 2020 an [interactive map](#) of MCH service delivery sites was created to allow community organizations, providers, and the public to easily identify and connect to services in their area. Aid to Local (ATL) contract documents and the list of 2025 MCH grantees are included in the Supporting Documents. A map displaying local grantees is included below. The counties shaded in gray are not covered by a lead agency.

Maternal & Child Health Local Program Grantees – SFY 2025

- 56 grantee organizations serving 90 counties covering 96% of the state population
- 43 organizations provide home visits



| SPECIAL HEALTH CARE NEEDS SATELLITE OFFICES | |
|---------------------------------------------|------------------|
| Barton County HD | Nemaha County HD |
| Crawford County HD | Miami County HD |
| Topeka Administrative Office | |

| | |
|---|----------------------------------------------------|
| ★ | Maternal Child Health (MCH) with Home Visiting |
| ★ | Maternal Child Health (MCH) without Home Visiting |
| ☾ | Special Health Care Needs (SHCN) Satellite Office |
| ↗ | Indicates other counties that are funding partners |
| ■ | No Maternal Child Health (MCH) grantee program |

Title V contracted with 56 local agencies in SFY24, serving 76 counties. In SFY25 there will be 56 contracts awarded effective July 1, serving 87 counties. Title V staff have been encouraging multi-county applications which has led to fewer organizations being contracted but greater statewide coverage of services as anticipated. Prior to SFY24, we saw a decrease in applicants over the years due to competing priorities at the local level for community organizations. Ensuring coverage and access to supports and services continues to be a priority for the State Title V program. The funding structure and approach continues to go through transition. Funding structure changes are planned for SFY 2026 while SFY2025 will be used to build capacity of local programs to adapt prior to implementation. Planned changes include creating a funding floor and ceiling, eliminating use of a funding formula so not to penalize sparsely populated

counties, encouraging multi-county applications, a multi-year grant period, and improved promotion of the Request for Applications to community-based organizations.

As depicted in the map, 43 of the 56 local organizations will provide MCH Home Visiting services and four will serve as satellite offices for Children with Special Health Care Needs.

To assure Title V is supporting widespread access to evidence-based, high-quality services, we are committed to a comprehensive review of our aid to local structure. This will help identify opportunities for statewide reach and address findings from two separate statewide needs assessments (Title V and Early Childhood Systems) that noted access to services and programming across the state is not equitable. These activities highlighted things we already knew; there are large health inequities in the state, and inequities are exacerbated by social determinants of health. Many families indicated through the early childhood systems work (supported by the Preschool Development Grant – PDG) that they are “barely surviving,” and this was before the COVID-19 pandemic. Families should not have to fight to get their basic needs met, worry about where their next meal is coming from, or how they will be able to work because they can’t find childcare. Fighting to survive often worsens “diseases of despair” and we have seen huge increases in behavioral health concerns such as mental health disorders, substance use, excessive alcohol use, suicides, and intimate partner violence. Over the past year, Title V staff have been engaging partners and stakeholders including local health departments, the KMCHC, and KDHE colleagues in the Bureau of Community Health Systems to learn more about what is working well and where there is room for improvement in the current application process. These conversations and recommendations are currently being compiled into a proposal that will help to ensure the MCH ATL program has an impact that is wide and equitable in subsequent grant years.

Systems of Care for Children with Special Health Care Needs (CSHCN): Kansas aims to assess and address needs of all CSHCN and their families. The KS Special Health Care Needs Program (KS-SHCN) continues to expand the focus of the program to address the needs of families through collaboration, systems integration, and increased statewide capacity. Utilizing quality improvement and evaluation, the program strives for sustainable and systemic changes for the CSHCN population. The [Kansas State Plan for CSHCN](#) (2017) is intended for agencies and organizations serving CSHCN and stakeholders, including parents, caregivers, and individuals, in supporting Kansas to achieve the Standards for Systems of Care for CSHCN to strengthen collaboration, support systems integration and improve service delivery for CSHCN. Kansas engaged in and has adopted the National Standards for Care Coordination for CSHCN as the foundation for activities around holistic care coordination for CHSNC, as well as all MCH populations.

Title V believes that expanded partnerships and strong collaboration are needed to improve and integrate systems of care for CSHCN. It remains evident that this cannot be met by one program, state agency, non-profit organization, or national entity alone. It

will take all working together, in tandem and in collaboration, to assure a quality system of care for the CSHCN population. The National Standards and related state plan are only guiding documents for CSHCN partners, to help support actions and priorities. It is desired that all CSHCN-serving agencies, organizations, and providers will see their role and shared responsibility in building and cultivating partnerships across systems, to improve outcomes and supports for families within a well-functioning system of care, so that CSHCN and their families can thrive and succeed in our communities. Title V is committed to engaging in these vital conversations and establishing a shared vision for systems of care for CSHCN.

MCH Integration Toolkits: To better assist local communities in serving populations, Integration Toolkits are being developed for identified priority areas within the MCH State Action Plan. They are intended for use in the public health setting, as well as being shared with community partners and providers who are serving the same MCH population across different settings. Through collaborative efforts focused on targeted interventions, we can begin improving outcomes for the MCH population in local communities and across the state, leading to greater collective impact.

The toolkits are designed to be a collection of resources, brought together into one centralized location, to assist in work around targeted Title V priorities. Resources include the latest research, recommendations, opinion statements and practice guidelines, as well as numerous tools, templates, and training opportunities. Toolkits are based on sound research and recommendations from leading experts in the field and are created in collaboration with many state and local partners that have a shared interest in providing coordinated and comprehensive services to women and families before, during, and after pregnancy. Available toolkits can be found on the [MCH Integration Toolkits](#) page on the KDHE website.